

BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



Fingerprint Instructions for Probation

It is a requirement of probation to obey all laws. To permit monitoring of compliance with this condition you are required to submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision.

How do I complete the fingerprint requirement?

Live Scan process <u>only</u>
 Live Scan form is attached.

Visit http://ag.ca.gov/fingerprints/publications/contact.htm to locate Live Scan sites. Most local law enforcement offices in California have Live Scan equipment. Hours of operation and fees vary, so please contact the Live Scan site directly for information.

On average, Live Scan results take 1-2 weeks.

Your fingerprints will be used to check the criminal history records of the California Department of Justice and the Federal Bureau of Investigations. You may find information on challenging entries on your record at www.fbi.gov

What are the fees for fingerprints?

- \$51 processing fee for DOJ and FBI
- Take your fee to the Live Scan site. Do not send it to the Board. Also, be prepared to
 pay an additional "rolling" fee at the Live Scan site. The "rolling" fee varies by site from
 \$5 to \$45. Check with your site for their cost. (See web address above.)

After you have had your fingerprints scanned, be sure to send one copy of the form to your probation monitor as proof of completing to:

Board of Registered Nursing Attn: Probation Unit P.O. Box 944210 Sacramento, CA 94244-2100

EXAM AND ENDORSEMENT APPLICANTS ONLY REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Code Assigned by DOJ	REGISTERED NILIDSE LICENSE
b Title or Type of License, Certification or Permit:	REGISTERED NORGE LICENSE
	·
gency Address Set Contributing Agency:	0.7770
BOARD OF REGISTERED NURSING, DCA	05753 Mail Code (five-digit code assigned by DOJ)
Agency authorized to receive criminal history information	
PO BOX 944210 Street No. Street or PO Box	N/A Contact Name (Mandatory for all school submissions)
SACRAMENTO CA 94244-2100 Dity State Zip Code	() N/A Contact Telephone No.
City State Zip Gode	Contact Policymone No.
V	X
Name of Applicant: X (Please print) Last	First Mi
(Please print) Last	
ΔKQ'e· X X	CA Driver's License #: X
AKA's: X X Last First	
DOB:X SEX: □Male □Female	Misc. No. APPLICANT MUST PAY Agency Billing Number (if applicable)
	, (galle) Dalling (lanear (1 - F)-1-1-1)
HT:X WT:X	Misc. No. N/A
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EYE Color: X HAIR Color: X	Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
Place of Birth:	N/A Street or PO Box
SOC: X	City, State and Zip Code
Your Number: N/A	
Your Number: N/A OCA No. (Agency Identifying No.)	
•	Level of Service DOJ DFBI
If resubmission, list Original ATI No.	<u> </u>
Employer: (Additional response for Department of Social Services, Di	MV/CHP licensing, and Department of Corporations submissions only)
	The state of the s
N/A Employer Name	
N/A	N/A
Street No. Street of PO Box	Mail Code (five digit code assigned by DOJ
N/A	. N/A
City State Zip Code	Agency Telephone No. (Optional)
V	
Live Scan Transaction By:	Date:
Name of Operator	